MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

03153

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Great Mills (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural Valley Lee
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Henrietta Virginia Beam

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife William T Beam

6.(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1858

8. AGE:

Years	Months	Days	If less than one day
88	6	9	hrs. min.

9. Birthplace Pearson Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Philip F Combs
13. Birthplace Maryland

MOTHER
14. Maiden name Virginia Coad
15. Birthplace Maryland

16. Informant William T Beam
Address Great Mills, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 22, 1947 (month) (day) (year)

Cemetery or crematory St Georges Cemetery

Location Valley Lee, Md

18. Funeral director P.B. Robinson

Address Leonardtown, Md

19. March 21 1947 (Date rec'd by registrar) P J Beam MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1947, at 7.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940 to March 20 1947 and that I last saw him alive on March 20 1947

Immediate cause of death	DURATION
Coronary sclerosis	3 years
Due to General arterio sclerosis	12 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P J Beam MD M. D. or other

Address Great Mills, Md Date signed March 21 47

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (40)

03154

CERTIFICATE OF DEATH

Reg. Dist. No. 2870

1. PLACE OF DEATH:
County: St. Mary's
City or town: Clements (If outside city or town limits, write RURAL and give nearest town) Maryland
How long in above place of death? ✓
Hospital, institution, or street address where death occurred: ✓
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (If newborn infants, give residence of mother)
State: Maryland County: St. Mary's
City or town: Clements (If outside city or town limits, write RURAL and give nearest town)
Street No. ✓ (If rural, give LOCATION)
2.(a) If veteran, name war: World War II

3.(a) FULL NAME: Joseph E. Branson

3.(b) Social Security Number: 217-14-7037

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: ... years

7. Birth date of deceased (mo., day, yr.): July 9, 1918

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
28				

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business:
FATHER — 12. Name: Eugene Branson; 13. Birthplace: Maryland
MOTHER — 14. Maiden name: Della Butler; 15. Birthplace: Maryland
16. Informant: Eugene Branson; Address: Clements, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 1, 1947 (month) (day) (year)
Cemetery or crematory: St. Joseph's
Location: Wanganza, Md.
18. Funeral director: B. B. Johnson
Address: Leonardtown, Md.
19. 3/30/47 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 28, 1947, at 6:00 P. M.
21. I CERTIFY that death occurred on the date above stated; that I ~~attended deceased~~ viewed the deceased on March 28 1947
and that I last saw it ... alive on ... 19...

Immediate cause of death	DURATION
Coronary Thrombosis	5 Mins.
Due to: Acute Indigestion	1 hours
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury: ... Injured at work?

23. SIGNATURE: Francis T. Bramwell Coroner (M. D. or other)
Address: Leonardtown Md. Date signed: 3-29-47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 36

CERTIFICATE OF DEATH

03155

Reg. Diat. No. 2870

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: St. Marys

City or town: Leonardtown Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since birth

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: St. Marys

City or town: Leonardtown Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Barbara Elizabeth Brooks

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	b.	single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb 26, 1946

8. AGE: Years: 1 | Months: | Days: 15 | If less than one day: ... hrs. ... min.

9. Birthplace: Leonardtown R.F.D. St. Marys Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: James Harold Brooks
13. Birthplace: Leonardtown St. Marys

MOTHER
14. Maiden name: Willamina A. Hayden
15. Birthplace: Medleys Neck St. Marys

16. Informant: James F. Brooks
Address: Leonardtown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 14 - 1947 (month) (day) (year)

Cemetery or crematory: Medleys Neck

Location: Medleys Neck

18. Funeral director: W. L. Frostingham Sons

Address: Leonardtown Md.

19. 3/14 47 (Date rec'd by registrar) Canales Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13 1947 at 12:25 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 7-1947 and that I last saw h... alive on ... 19...

Immediate cause of death: (a) Coronary Thrombosis — 3 mos.

Due to: (b) unknown cause

Due to: (c)

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Francis F. Greenwell M. D. or other

Address: Leonardtown Md. Date signed: 3-17-1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03156

(937)

Reg. Dist. No. 2820

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 days

Hospital, Institution, or street address where death occurred: St Marys Hospital

How long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Near Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Lodia Anna Burch

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: William Burch

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 29 - 1864

8. AGE: Years: 83 | Months: | Days: 13 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Hollywood St Marys Co. Md. (Town, county, and state)

10. Usual occupation: Home Wife

11. Industry or business

FATHER — 12. Name: James E. Greenwell

13. Birthplace: St Marys Co

MOTHER — 14. Maiden name: Mary E. Thompson

15. Birthplace: Phila Pa

16. Informant: Mrs Estelle Jamison

Address: Greenville Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 14 1947 (month) (day) (year)

Cemetery or crematory: St Aloysius cemetery

Location: Leonardtown Md

18. Funeral director: W. J. Mattingley Sons

Address: Leonardtown Md.

19. 3/12 1947 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12 1947, at 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 1947, to Mar 12 1947, and that I last saw her alive on Mar 12 1947

Immediate cause of death	DURATION
Pneumonia, Acute	
Due to Chronic Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Frank A. Camalier M. D. or other

Address: Leonardtown Date signed 3/12/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1-35

Evidence for change of year of birth shown on Film D109-3120/47-B.

03157

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 0

1. PLACE OF DEATH:

County: St Marys Co

City or town: Lexington Park Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Months

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Lexington Park (If outside city or town limits, write RURAL and give nearest town)

Street No. Pearson Maryland (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Florence Crough

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: Edward J. Crough

6.(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): March 13 - 1893 4

8. AGE:

Years	Months	Days	If less than one day
53	11	23	hrs. min.

9. Birthplace: Bijo Indian New York (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business:

FATHER — 12. Name: Casper Smith

13. Birthplace: Bijo Indian New York

MOTHER — 14. Maiden name: Emma Smith

15. Birthplace: Pine Hill New York

16. Informant: Edward J. Crough

Address: Lexington Park Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 10-1947 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cemetery

Location: Bladensburg Road Washington D.C.

18. Funeral director: W C. Mattingley Son

Address: Leonardtown Md

19. 3/9/1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7 1947 at 10:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30 1946, to March 7 1947

and that I last saw h[illegible] alive on March 5 1947

Immediate cause of death	DURATION
Carcinoma of Breast	10 yrs
Due to: With Generalized Metastasis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. H. Patuxent M. D. or other

Address: Lexington Park Md Date signed: 3-7-47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

03158

Reg. Dist. No. 7870

1. PLACE OF DEATH:
County Maryland
City or town Leonardstown (rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town Leonardstown (rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Leola Jean Dorsey

3.(b) Social Security Number c

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 16 1946

8. AGE:

Years	Months	Days	If less than one day
1	1	0	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name James Blackiston
13. Birthplace Maryland

MOTHER
14. Maiden name Lillian Dorsey
15. Birthplace Maryland

16. Informant Lillian Dorsey
Address Leonardtown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/17/47 (month) (day) (year)
Cemetery or crematory Mon Fair
Location Hermanville Md.

18. Funeral director C B Robinson
Address Leonardtown

19. 3/16 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1947 at 11:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-13 1947 to Mar 16 1947 and that I last saw h. alive on Mar 15 1947

Immediate cause of death	DURATION
Bronchitis	
Due to Chronic Bronchitis	
Due to Increased Insanitary Conditions produced by drifts	
Other conditions Pneumonia	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. F. Greenwell M. D. or other
Address Leonardtown Date signed 3-16-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

CERTIFICATE OF DEATH

03159

Reg. Diat. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Nannie Greenwell Fenwick

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: A. F. Fenwick

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 4 - 1866

8. AGE: Years: 81 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Leonardtown St Marys Maryland (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business:

FATHER — 12. Name: William H. Greenwell

13. Birthplace: St Marys Co

MOTHER — 14. Maiden name: Sarah Floyd

15. Birthplace: St Marys Co

16. Informant: Charles Fenwick

Address: Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 6th 1947 (month) (day) (year)

Cemetery or crematory: St. Aloysius Cemetery

Location: Leonardtown Md

18. Funeral director: W. C. Matthews Sons

Address: Leonardtown Md.

19. 3/4 1947 (Date rec'd by registrar) Caudles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4 1947 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... on March 4th 1947

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Thrombosis	Few mins.
Due to: Indigestion Acute.	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Francis F. Greenwell Jr M. D. or other

Address: Leonardtown Date signed: March 4 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

03160

CERTIFICATE OF DEATH

Reg. Diat. No. 281

1. PLACE OF DEATH:

County St. Mary's

City or town Rural, St. Inigoes
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Rural, St. Inigoes
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jerimiah Douglas Green

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Married

6.(b) Name of husband or wife Cecelia Green

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1877

8. AGE:

Years	Months	Days	If less than one day
70	2	7	...hrs. ...min.

9. Birthplace St. Inigoes, Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Sea Food

FATHER
12. Name Jerimiah Green
13. Birthplace Md.

MOTHER
14. Maiden name Martha Gross
15. Birthplace Md.

16. Informant Charles Green
Address St. Inigoes, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 28 47 (month) (day) (year)

Cemetery or crematory St. Peters Cemetery

Location Ridge, Md.

18. Funeral director E. L. Robinson

Address Dameron, Md.

19. March 26 19 47 (Date rec'd by registrar) P. G. Beavy M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1947 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1945, to Mar 15 1947 and that I last saw him alive on March 13 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to General arteria sclerosis	4 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. G. Beavy M.D.
M. D. or other

Address Great Mills, Md. Date signed 3-26-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

03161

Reg. Dist. No. 2520

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 hours

Hospital, Institution, or street address where death occurred: St Marys Hospital

How long in hospital or institution? 23 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Ave
(If outside city or town limits, write RURAL and give nearest town)

Street No.:
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Robert Walter Hall

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Katharine V. Hall

6.(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): Aug 2 - 1907

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
39	7	8		

9. Birthplace: Ave St Marys Maryland
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business: —

FATHER — 12. Name: Charles C. Hall

FATHER — 13. Birthplace: St Marys Co

MOTHER — 14. Maiden name: Mary L. Arnold

MOTHER — 15. Birthplace: St Marys Co

16. Informant: Katharine V. Hall

Address: Ave Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 13 1947 (month) (day) (year)

Cemetery or crematory: Sacred Heart Cemetery

Location: Bushwood Maryland

18. Funeral director: W. C. Mattingley Sons

Address: Leonardtown Md

19. 3/12/1947 (Date rec'd by registrar) Canalcis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 10 1947 at 4.20 P.M

21. I CERTIFY that death occurred on the date above stated; that I ~~attended deceased~~ viewed the deceased on Mar 10th 1947

and that I last saw h~~im~~ alive on 19

Immediate cause of death	DURATION
Intra Abdominal Hemorrhage and Peritonitis	
Due to: Gun shot wound	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op

Autopsy results: 2 holes in Stomach Piece of Intestinum

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Bone Bump and a whole Bowel & Kidney

Accident, suicide, or homicide: Homicide Date of: Mar 9th 47

Where did injury occur? (City or town) Avenue St Marys (County) Md (State)

Injured at home, farm, industry, public place (where?): Public Store

Means of injury: Pistol 38 Cal Injured at work? no

23. SIGNATURE: Francis F Greenwell MD
M.D. or other

Address: Leonardtown Md Date signed: Mar 11-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1-35

Form V. S. No. 5—50M—7-8-24

MARYLAND

CERTIFICATE OF DEATH

COMMONWEALTH OF [redacted]
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Reg. Dist. 2840

File No. 03162

Registered No. ....

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

1. PLACE OF DEATH

County of St. Mary's

Township of ....

or Borough of Hompson's

or City of Corner (No. ...., St. ...., Ward)

Registration District No. ....

Primary Registration District No. ....

2. FULL NAME Julia Annie Hoffman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Hoffman

6. DATE OF BIRTH (month, day, and year) May 31, 1875

7. AGE	Years	Months	Days	IF LESS than 1 day, ...hrs. or ....min.
~	71	9	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Housewife.
(c) Name of employer ....

9. BIRTHPLACE (city or town) Dubois
(State or country) St. Mary's Maryland

PARENTS

10. NAME OF FATHER Buck Moran

11. BIRTHPLACE OF FATHER (city or town) Dubois
(State or country) Maryland —

12. MAIDEN NAME OF MOTHER Margaret Swann

13. BIRTHPLACE OF MOTHER (city or town) Dubois
(State or country) St. Marys Maryland —

14. Informant Lawrence Clement Hoffman
(Address) Hughesville, Md

15. Filed Mar. 18, 1947 Eleanor S. Carter
REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 17 1947
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1947, to Feb 22, 1947, that I last saw h. Or alive on Feb 22, 1947, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Cerebral (or Cardiovascular) accident due to Hypertension, essential due to Arteriosclerosis & Mitral heart disease. (duration) 7 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis & Mitral Stenosis (duration) 7 yrs. 2 mos. ds.

18. Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? ....

(Signed) Alfred R. Lapera, M. D.
March 17 1947 (Address) Leonardtown, Md

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Old Fields Cemetery — DATE OF BURIAL March 19 1947

20. UNDERTAKER Thomas E. Wade — ADDRESS Hughesville Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm laborer, Laborer—Coal mine etc.* Women at home who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife. Housework, or At home*, and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 ys.)* For persons who have no occupation whatever write *None.*

Statement of cause of death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of the same diseases. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup") *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis* of *lungs, meninges, peritonaeum*, etc., *carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitia lnephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example. *Measles* (disease causing death), *29 ds; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure." "Haemorrhage," "Inanition," "Marasmus," Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always quality as "PUERPERAL *septichaemia*" "PUERPERAL *peritionitis*," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such if impossible to determine definitely. Examples: *Accidental drowning: Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—Probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

Space for additional information by physician

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

03163

Reg. Dist. No. 2240

1. PLACE OF DEATH

County: St Mary's

City or town: Leonardtown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 days

Hospital, Institution, or street address where death occurred:

Leonardtown Maryland

How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Mary's

City or town: Holly wood

(If outside city or town limits, write RURAL and give nearest town)

Street No. R. F. D. #1

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME James Carroll Jarboe

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Anna Elsie Jarboe

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 10 - 1879

8. AGE: Years	Months	Days	If less than one day
68		25	hrs. min.

9. Birthplace: Leonardtown St Mary's Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: James Alfred Jarboe

13. Birthplace: St Mary's Co

MOTHER

14. Maiden name: Sara Alice Heard

15. Birthplace: St Mary's Co

16. Informant: Jos Jarboe

Address: Holly wood Md

17. Burial, cremation, or removal. Which?: Burial Date thereof: March 10 1947 (month) (day) (year)

Cemetery or crematory: St Johns Cemetery

Location: Holly Wood Md

18. Funeral director: W C Mattingly Sons

Address: Leonardtown Md

19. 3/9/47 (Date rec'd by registrar) Clement Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6 1947 at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1946 to March 6 1947

and that I last saw him alive on March 6 1947

Immediate cause of death	DURATION
Metastatic Carcinoma	6 mo.
Due to: Carcinoma of transverse colon	2 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of transverse colon Date of op. Aug. 13, 1946

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Julian I. Lane M.D. M. D. or other

Address: P.O. Box 95 Leonardtown Md. Date signed: March 9, 1947

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 03164

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS M5 9-45-15M

1. PLACE OF DEATH:
County: St. Marys
City or town: N.A.S. Patuxent River
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 Hours
Hospital, institution, or street address where death occurred:
U.S. Naval Dispensary
How long in hospital or institution? 5 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St. Mary's
City or town: Patuxent River, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Infant Carol Krol

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 7, 1947

8. AGE: Years | Months | Days | If less than one day: 5 hrs. 45 min.

9. Birthplace: NAS Patuxent River, Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Herman Thomas Krol
13. Birthplace: Paterson, New Jersey

MOTHER
14. Maiden name: Mary Christine Barrett
15. Birthplace: Annapolis, Maryland

16. Informant: Herman Krol (Father)
Address: VR-1, NAS, Patuxent River, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/10/47 (month) (day) (year)
Cemetery or crematory: All Hallows Cemetery
Location: Davinsonville, Md.

18. Funeral director: P. B. Robinson
Address: Leonardtown, Md.

19. 3/10/47 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8 19 47 at 0105 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 19 47 to March 8 19 47 and that I last saw her alive on March 8 19 47

Immediate cause of death: Atelectasis — DURATION: 5 Hours 45 Min.

Due to: Prematurity

Due to: Placenta previa in the mother

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Knox Pittard
Knox Pittard, Comdr., (MC) USN
M. D. or other
Address: Dispensary, NAS, Patuxent River, Md. Date signed: 8 March 47

1-55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03165

Reg. Dist. No. 2840

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: St Marys

City or town: Mechanicsville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Richard Joseph Long

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Mary Eulalia Long

6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Oct 15, 1857

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
89	5	16		

9. Birthplace: Mechanicsville St Marys Maryland
(Town, county, and state)

10. Usual occupation: merchant

11. Industry or business

FATHER
12. Name: Richard Long
13. Birthplace: St Marys co

MOTHER
14. Maiden name: Jane Bulkley
15. Birthplace: St Marys

16. Informant: Mrs Mary Eulalia Long

Address: Mechanicsville Md

17. (Burial, cremation, or removal. Which?) burial Date thereof: April (month) (day) 1947 (year)

Cemetery or crematory: St Joseph Cemetery

Location: Mechanicsville Md

18. Funeral director: W. C. Wathen Sons

Address: Leonardtown Maryland

19. April 1 1947 (Date rec'd by registrar) Eleanor S. Carter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31 1947 at 5:16 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1945 to March 31 1947 and that I last saw h... alive on March 30 1947

Immediate cause of death	DURATION
Myocardial Degeneration	5 Yrs.
Due to: Pulmonary Edema	
Due to:	
Other conditions: old age	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Lewis J. Sothoron M. D. or other

Address: Charlotte Hall Date signed 4/1-47

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03166

Reg. Dist. No. 7820

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County St. Mary's

City or town NAS Patuxent River, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, Institution, or street address where death occurred:
Dispensary NAS Patuxent River, Md.

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town NAS Patuxent River, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. c/o Photo Lab.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME JOHN WESLEY PLACE

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1947

8. AGE: Years	Months	Days	If less than one day
		4	hrs. min.

9. Birthplace NAS Patuxent River, St. Mary's Co. Md.
(Town, county, and state)

10. Usual occupation Newborn

11. Industry or business

FATHER 12. Name Wesley Thoburn Place

13. Birthplace Grand Junction, Iowa

MOTHER 14. Maiden name Bettie Jean Strahle

15. Birthplace Indiana

16. Informant Wesley T. Place

Address Photo Lab, NAS Patuxent River, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 3/24/47 (month) (day) (year)

Cemetery or crematory S. W. Lee

Location Washington D.C.

18. Funeral director C. B. Robinson

Address Leonardtown, Md.

19. 3/20 1947 Cavaliere
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 19 47, at 1 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 16 March 19 , to 20 March 19 47 and that I last saw him alive on 20 March 19 47

Immediate cause of death Prematurity (6 mo) — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. S. WRAY CDR MC USN
M. D. or other

Address NAS Patuxent River, Md. Date signed 3-20-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (16-Md)

CERTIFICATE OF DEATH

03167

Reg. Dist. No. 2 & 20

1. PLACE OF DEATH:

County St Mary's

City or town Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred: St Mary's Hosp

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St Mary's

City or town Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Infant Ryce

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	—

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar. 22/47

8. AGE: Years | Months | Days: 2 | If less than one day: ..... hrs. ..... min.

9. Birthplace Md

(Town, county, and atste)

10. Usual occupation

11. Industry or business

FATHER — 12. Name Edward Ryce

FATHER — 13. Birthplace Md

MOTHER — 14. Maiden name Mary Elizabeth Farrell

MOTHER — 15. Birthplace Md

16. Informant Edward Ryce

Address Mechanicsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/26/47 (month) (day) (year)

Cemetery or crematory St. Joseph's

Location Morganza — Md

18. Funeral director Elmer Goode

Address Hughesville

19. 3/25 19 47 (Date rec'd by registrar) Caudell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 19 47, at 2 20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 22 1947, to March 25 19 47

and that I last saw h— alive on Mar. 24 19 47

Immediate cause of death Pulmonary Atelectasis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul A. Caudell M. D. or other

Address Leonardtown Date signed 3/25/47

VS A15 2-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

03168

Reg. Diat. No. 2810

1. PLACE OF DEATH:

County: St Marys

City or town: Park Hall (If outside city or town limits, write RURAL and give nearest town) Maryland

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Park Hall (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Henry Tippett

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Addie Rose Hammett

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): June 30 - 1880

8. AGE: Years	Months	Days	If less than one day
66	8	8	hrs. min.

9. Birthplace: Drayden St Marys Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: William Henry Tippett

13. Birthplace: St Marys Co., Md.

MOTHER 14. Maiden name: Susie A. Neal

15. Birthplace: St Marys Co., Md.

16. Informant: Millard Tippett

Address: Park Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 11, 1947 (month) (day) (year)

Cemetery or crematory: Trinity Cemetery

Location: St marys city, Md.

18. Funeral director: W. C. Mattingly Sons

Address: Leonardtown Md

19. 3-10-1947 (Date rec'd by registrar) P. J. Beary M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8 1947 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1942, to March 8 1947 and that I last saw him alive on March 7 1947

Immediate cause of death	DURATION
Cerebral hemorrhage	3 days
Due to Chronic arteriosclerosis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Beary M.D. M. D. or other

Address Great Mills Md Date signed 3-10-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

03169

Reg. Diat. No. 2860

1. PLACE OF DEATH

County St. Mary's

City or town Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Rural or Hayden

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Martin Christian Wailes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	

6.(b) Name of husband or wife Mary L. Wailes

6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 4-15-70

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
76	9	8		

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Richard Wailes

13. Birthplace Maryland

MOTHER 14. Maiden name Julia Ann Sims Edwards

15. Birthplace Maryland

16. Informant Mrs. L. W. Wailes

Address Hayden

17. Buried (Burial, cremation, or removal. Which?) Date thereof 3-31-47 (month) (day) (year)

Cemetery or crematory Greenwood

Location Leonardtown Md

18. Funeral director C. V. Robertson

Address Leonardtown

19. 3-28- 1947 (Date rec'd by registrar) H. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26- 1947 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-18- 1947, to 3-26- 1947 and that I last saw h alive on 3-26- 1947

	DURATION
Immediate cause of death Cerebral apoplexy	9 Days
Due to Hypertension and arteriosclerosis	
Due to	
Other conditions Enlarged Heart	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to extereal causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Leonardtown Date signed 3-28-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8, Md.

03170

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown (If outside city or town limits, write RURAL and give nearest town) Maryland

How long in above place of death? 13 days

Hospital, Institution, or street address where death occurred: St Marys Hospital Leonardtown Md

How long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Beaumont (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Edward Young

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6.(b) Name of husband or wife: Annie H Young

6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Aug 1888

8. AGE: Years: 58 Months: 7 Days: If less than one day: hrs. min.

9. Birthplace: Beaumont St Marys Maryland (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business:

FATHER — 12. Name: Robert Young

13. Birthplace: St Marys Co

MOTHER — 14. Maiden name: Martha Young

15. Birthplace: St Marys Co

16. Informant: C B. Greenwell

Address: Leonardtown Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 25 1947 (month) (day) (year)

Cemetery or crematory: Our Ladys Chapel

Location: Beaumont Maryland

18. Funeral director: W. C. Mattingley Sons

Address: Leonardtown, Maryland

19. 3/24 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 1947, at 11.00 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 10 1946 to Mar 22 1947 and that I last saw h— alive on Mar 22 1947

	DURATION
Immediate cause of death: Cerebral Hemorrhage	
Due to: Generalized Arteriosclerosis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank A. Camalier M. D. or other

Address: Leonardtown Md Date signed: 3/24 47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35